



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

February 9, 2004

TO: Medicaid Coordinators, Local School System
Program Managers, Local Infants and Toddlers Programs
Nonpublic School Administrators
Waiver for Children with Autism Spectrum Disorder School Providers
Maryland State Department of Education

FROM: Susan J. Tucker *Susan J. Tucker* Joseph E. Davis *Joseph E. Davis*
Executive Director Executive Director
Office of Health Services Office of Operations and Eligibility

NOTE: Please ensure that appropriate staff members in your organization and other appropriate contacts are informed of the contents of this transmittal

RE: IEP/IFSP Health Related Services and Autism Waiver Procedure Code Changes

The Maryland Medical Assistance Program is changing its procedure codes and billing formats. We are making these changes to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Effective March 6, 2004, the Maryland Medical Assistance Program will change the procedure codes for IEP and IFSP Health Related Services and the Waiver for Children with Autism Spectrum Disorder. Additionally, effective March 6, 2004, the claim transactions from schools to the Department of Health and Mental Hygiene (DHMH) must utilize:

- Electronic Transactions: Either the "modified" CMS-1500 format or the X12N 837P. (Ideally, schools should begin submitting on one of these claim types on or before March 6, 2004. However, if your software vendor is not prepared to start processing the "modified" CMS-1500 or 837P, continue billing on the current electronic HCFA 1500 until your vendor updates your billing system and completes testing.)

Paper Transactions: Schools submitting paper transactions should continue using the CMS-1500 form.

This memorandum discusses the changes for school-based providers. A second memorandum will review all the nonschool-based services coding and transaction changes.

If you have questions, contact the DHMH staff specialist for School Health Services at 410-767-1485 (charven@dnhmh.state.md.us) or the DHMH Autism Waiver Coordinator at 410-767-5220.

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dnhmh.state.md.us



PROCEDURE CODE CHANGES
IEP and IFSP Health Related Services
Effective March 6, 2004 – Date of Service

For claims with a Date of Service before March 6, 2004, use the “W” codes. For claims with a Date of Service on or after March 6, 2004, use the national codes as listed on the following chart. **DHMH will not pay IEP and IFSP health related claims with “W” codes for dates of service on or after March 6, 2004.**

**** Important Changes ****

IEP Service Coordination and IFSP Case Management Codes

- Code Information
 - IEP Service Coordination and IFSP Case Management procedure codes are the same. You must bill IFSP service under your Infants and Toddlers lead agency Children’s Medical Service (CMS) provider number.
- March 2004 dates of services:
 - **In order to receive reimbursement for the month of March**, you must bill for either initial, ongoing or annual review with a March 1 date of service **using the old codes** (“W9930”, “W9931”, “W9932”, “W9105”, “W9106”, “W9107”). IEP Service Coordination and IFSP Case Management Codes should have a March 1 date of service when billing Medicaid regardless of the actual date the recipient, parent, or guardian was contacted.
- Dates of service during and after April 2004:
 - Beginning April 2004, use the new codes for service coordination.
 - When billing for Program Intake Assessment – Initial Assessment (previously, Initial IEP or IFSP: Initial Case Management), use code “T1023” and the modifier “TG”. This code and modifier combination can only be billed **once** for an IFSP and **once** for an IEP. Claims will be rejected if the modifier “TG” is used for ongoing service coordination or annual review.

IEP and IFSP Health Related Services

- Mental Health Services codes “W9918”, “W9924”, and “W9927” are collapsed into “H0046”.

Assessments needed to determine eligibility of health related services for IEP/IFSP are billable to Medicaid. If the child is found not eligible for an IEP/IFSP, to bill Medicaid for the assessment, the school must maintain the notes of the multidisciplinary meeting six years. Reassessment/reevaluations after IEP/IFSP development are considered an inherent part of the health-related service. Therefore, they are billed using the Evaluation/Treatment code.

Speech Therapy (“W9920”) now has two codes. “92507” (Speech/Hearing Therapy – Individual) is for individual therapy and “92508” (Speech/Hearing Therapy – Group) is for group therapy.

Psychological testing to determine the need for health related services should be billed using the new code “96100”.

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- Therapeutic Behavior Service ("96152") must be billed in 15 minutes increments. For example, if a student receives two hours of Therapeutic Behavior Service, bill the units of service as "8".

IEP and IFSP Health Related Services			
Service Coordination/Case Management			
Current Code	Code for dates of serv. in April	Service	Max Fee
W9930, W9105	T1023 with TG modifier	Program Intake Assessment – Initial Assessment <i>(Previously, Initial IEP or IFSP: Initial Case Management)</i>	\$500
W9931, W9106	T2002	Case Management, per month <i>(Previously, IEP Ongoing Service Coordination/ IFSP Ongoing Case Mgt.)</i>	\$150
W9932, W9107	T1023	Program Intake Assessment – Annual Review <i>(Previously, Annual IEP/IFSP Review)</i>	\$275
Health Related Services			
Current Code	Code for dates of service on or after 3/6/2004	Service	Max Fee
W9918, W9924, W9927	H0046	Mental Health Services - Assessment (Psychology, Counselor/Nurse Psychotherapist, Social Work Services)	\$82
W9926	90801	Psychiatric Diagnostic Interview (Psychiatric Evaluation)	\$82
<i>New Code</i>	96100	Psychological Testing	\$82
W9919	92557	Basic Comprehensive Audiometry Diagnostic (Audiology Service)	\$82
W9920	92507	Speech/Language Therapy Evaluation/Treatment – Individual	\$82
	92508	Speech/ Language Therapy Evaluation/Treatment – Group	
W9921	97001	Physical Therapy Evaluation/Treatment	\$82
W9922	97003	Occupational Therapy Evaluation/Treatment	\$82
W9923	99499	Nursing Service	\$82

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IEP and IFSP Health Related Services (cont.)			
Service Coordination/Case Management			
Current Code	Code for dates of service in April	Service	Maximum Reimburs.
W9925	S9470	Nutrition /Dietician Evaluation/Treatment	\$82
W9928	96152	Therapeutic Behavior Service, per 15 minutes	\$5 per 15 minutes
W0280	T2003	Transportation, Non-Emergency	\$12.50

PROCEDURE CODE CHANGES**AUTISM WAIVER****Effective March 6, 2004 – Date of Service**

For claims with a Date of Service before March 6, 2004, use the “A” codes. For claims with a Date of Service on or after March 6, 2004, use the “W” codes.

DHMH will not pay Autism Waiver claims with “A” codes for dates of service on or after March 6, 2004.

AUTISM WAIVER			
Current Code	Code for dates of service on or after 3/6/2004	Service	
A9304	W9304	Regular day habilitation autism waiver	
A9305	W9305	Intensive day habilitation autism waiver	
A9306	W9306	Intensive individual support service under day habil	
A9307	W9307	Therapeutic integration of service under day habil	
A9311	W9311	Supported employment per half day autism waiver	
A9314	W9314	Respite care autism waiver 1 hour unit	
A9315	W9315	Family training autism waiver	
A9320	W9320	Environmental accessibility	
A9322	W9322	Initial assessment autism waiver, 1 unit per month	
A9323	W9323	Ongoing assessment autism waiver per month	
A9324	W9324	Reassessment autism waiver 1 unit	

**PROCEDURE CODE CHANGES
EXAMPLES**

Example#1 – A school submits a claim in March 2004 for Autism Waiver regular day habilitation rendered on January 15, 2004. This claim must be submitted on either the paper CMS-1500 or the electronic “modified” CMS-1500/X12N 837P using the old (“A9304”) procedure code.

Example#2 – A school submits a claim in March 2004 for Autism Waiver regular day habilitation rendered on March 19, 2004. This claim must be submitted on either the paper CMS-1500 or the “modified CMS-1500”/electronic X12N 837P using the new (“W9304”) procedure code.

**BILLING TRANSACTION CHANGES
Effective March 6, 2004 – Date of Bill**

Electronic Transactions

All electronic transactions from schools must be submitted on either the “modified” CMS-1500 format or as a X12N 837P transaction. Please consult your Information Technology staff or billing software vendor regarding these formats.

Ideally, schools should begin submitting claims as “modified” CMS-1500 or X12N 837P transactions on or before March 6, 2004. However, DHMH recently learned that some of your software vendors may not be prepared to start processing the “modified” CMS-1500 or 837P. If your vendor cannot process these claims on March 6, 2004, continue billing on the current electronic HCFA 1500 until your vendor updates your billing system and completes testing. Please consult your Information Technology staff or billing software vendor regarding these formats.

Companion Guides, developed by the DHMH to assist providers with the ASC X12N Transactions, can be found at <http://www.dhmh.state.md.us/hipaa/transandcodesets.html>.

Providers or billing software vendors who send electronic transmissions to DHMH must test for HIPAA compliance before they can transmit claims for reimbursement. DHMH offers free testing for its trading partners which can be accessed at: <http://www.dhmh.state.md.us/hipaa/testinstruct.html>. This testing tool provides information on test files and errors.

Trading Partner Agreement and Submitted Identification Form

DHMH must have both the Trading Partner Agreement and Submitter Identification Form on file for each school before accepting any HIPAA transactions including 837P

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claims. If you have more than one provider number, you must submit separate Trading Partner Agreements and Submitter Identification Forms for each provider number.

Both forms have a contact phone number if you have additional questions. It is imperative that you complete the necessary form(s) and return them prior to submitting electronic transactions. Please mail the forms to:

Rita Tate
201 W. Preston St. Rm. LL3
Baltimore MD 21201
Attn: HIPAA Billing Agreements

Paper Transactions

Schools should continue to submit paper CMS-1500 claims as they currently do.